

Resource Center
California Department of Alcohol and Drug Programs
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Name _____

Organization _____

Address _____

City, State, Zip _____

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Target Population
(check only one):

- ☐ African Americans
- ☐ Aging
- ☐ Asian/Pacific Islanders
- ☐ Chicanos/Latinos/Hispanics
- ☐ Children/Youth <18
- ☐ DUI
- ☐ Gays/Lesbians/Bisexuals
- ☐ Men
- ☐ Native Americans
- ☐ Other Ethnic
- ☐ People with disabilities
- ☐ Pregnant/parenting women
- ☐ Women
- ☐ Workplace
- ☐ Various populations

**Organization Type
(check only one):**

- ☐ Educational
- ☐ Faith/Religious/Spiritual
- ☐ Government
- ☐ Health Service Providers
- ☐ Individual/Public
- ☐ Non-profit
- ☐ Prevention/Treatment/Recovery Service
- ☐ Private Sector
- ☐ Other

**Complete for
Mentor Programs only.
(Check all that apply):**

- ☐ Program Development
- ☐ Alcohol/other Drug Use
- ☐ Gangs/Violence
- ☐ School Dropouts
- ☐ Teen Pregnancy

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